vanbreda INTERNATIONAL

WORLD BANK GROUP
8002314

Claim for reimbursement of medical and dental expenses

MIP MEMBER TO COMPLETE in capital letters. Please complete one form for each individual (self or dependent).

Member

LAST NAME - FIRST NAME Preview WB

UPI NO. 2 0 0 / WB0000 DATE OF BIRTH (D - M - Y)

LANGUAGE OF CORRESPONDANCE ☐ E ☐ F ☐ D ☐ NL ☐ I ☐ S

Patient

LAST NAME FIRST NAME

DATE OF BIRTH (D - M - Y) SEX ☐ M ☐ F

Relationship

☐ SELF ☐ SPOUSE ☐ CHILD ☐ SECONDARY DEPENDANT

IS THE CLAIM COVERED BY ANOTHER INSURANCE? ☐ YES ☐ NO

IF YES: STATE THE AMOUNT REIMBURSED (PLEASE ATTACH ORIGINAL EOB FROM OTHER INSURANCE)

IS ILLNESS OR INJURY WORK-RELATED? ☐ YES ☐ NO

ARE EXPENSES RELATED TO AN ANNUAL ROUTINE EXAMINATION? ☐ YES ☐ NO

Amounts claimed per currency. Please attach all original, itemized bills and receipts.

CURRENCY	AMOUT OF EXPENSES	TYPE OF EXPENSES (E.G. DENTAL, RX, OUTPATIENT)	NATURE OF ILLNESS, INJURY OR SERVICE
Total			

Mode of payment by Vanbreda (unless specified below, cheques will be sent to your mailing address or your bank account on file)

CURRENCY OF REIMBURSEMENT ☐ USD ☐ ANOTHER CURRENCY

REIMBURSEMENT TO BE MADE BY ☐ BANK CHECK ☐ WIRE TRANSFER OR BANK CHEQUE DEPOSIT TO

IBAN NO.

ACCOUNT NO.

FULL BANK NAME AND ADDRESS

NAME ACCOUNT HOLDER

BIC CODE ID BANK

ALL CORRESPONDANCE WILL BE MAILED TO YOUR OFFICIAL WORLD BANK GROUP ADDRESS

- FOR ACTIVE SELF, YOUR OFFICE ADDRESS OR HOME ADDRESS, DEPENDING ON YOUR ELECTION IN THE HR KIOSK
- FOR RETIREES, YOUR PENSION MAILING ADDRESS

Hospitalisation

DATE

DIAGNOSIS

TREATMENT OR OPERATION

DATE

STAFF MEMBER'S SIGNATURE

In view of a smooth administration of the contract and/or settlement of the insurance claim, and only for that purpose, I hereby give my specific and informed consent regarding the processing of the medical data concerning myself and/or the members of my family (article 7 of the Belgian law of December 8, 1992 concerning the private life).

Claims may be sent to:

Vanbreda International • P.O. Box 69 • 2140 Antwerpen • Belgium

NV • RPR Antwerpen • VAT BE 0414 783 183 • BFIC 13799 A-R

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